## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/596196

		CLAIMS AS FILED - PART I						SMALL EN	ITITY		OTHER THAN	
L		·	(Colu	umn 1)		(Column 2)	_	TYPE		OR 	SMALL	ENTIT
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FE
BASIC FEE			SMALL EI	SMALL ENT. = \$ 150		GE ENT. = \$ 300	1	BASIC FEE		OR	BASIC FEE	124
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100		ther situations =	1	EXAM. FEE		1	ĖXAM. FEE	201	
SEARCH FEE			ALL other	U.S. is ISA = \$50/\$100 ALL other countries = \$ 200/\$400		ther situations = 5 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			m	minus 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	1
TOTAL CHARGEABLE CLAIMS			19	minus 20 = .				X \$ 25 =		OR	X \$ 50 =	1
INDEPENDENT CLAIMS			12	minus 3 =	*			X \$ 100 =		OR	X \$ 200 =	1
MU	LTIPLE DEPE	NDENT CLAIM PF	RESENT	SENT				+ \$ 180 =	<u> </u>	OR	+ \$ 360 =	<del>                                     </del>
* If	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	1	:OR	TOTAL	<del> </del>
⋖	Total	REMAINING AFTER AMENDMENT	Minus	PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE	0.0	RATE	TIONA FEE
AMENDMENT A		CLAIMS REMAINING		HIGHE	ER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI
	Total		Minus			=	Ī	X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		=	r			OR		<del></del>
							i	X \$ 100 =	Ţ	UK	X \$ 200 =	
	FIRST PRE	SENTATION OF N	AULTIPLE DEF	PENDENT CI	LAIM		$\mathbf{f}$	X \$ 100 = + \$ 180 =		OR	X \$ 200 = + \$ 360 =	
	FIRST PRE	SENTATION OF N	AULTIPLE DEF	PENDENT CI	LAIM							
	FIRST PRE	SENTATION OF N	AULTIPLE DEF	PENDENT CI		(Column 3)		+ \$ 180 =		OR	+ \$ 360 =	
0 2	FIRST PRE		AULTIPLE DEF		n 2) ST ER ISLY	(Column 3) PRESENT EXTRA		+ \$ 180 =	ADDI- TIONAL FEE	OR	+ \$ 360 =	ADDI- TIONAI FEE
	FIRST PRE	(Column 1)  CLAIMS  REMAINING  AFTER	Minus	(Columi HIGHES NUMBE PREVIOU	n 2) ST ER ISLY DR	PRESENT		+ \$ 180 = TOTAL ADDIT. FEE	TIONAL	OR	+ \$ 360 = TOTAL ADDIT. FEE	TIONAL
		(Column 1)  CLAIMS  REMAINING  AFTER		(Column HIGHES NUMBE PREVIOU PAID FO	n 2) ST ER ISLY DR	PRESENT EXTRA		+\$ 180 =  FOTAL ADDIT.  FEE  RATE	TIONAL	OR OR	+ \$ 360 = TOTAL ADDIT. FEE  RATE	TIONAL
INCINENT	Fotal ndependent	(Column 1)  CLAIMS  REMAINING  AFTER	Minus Minus	(Column HIGHES NUMBE PREVIOU PAID FO	n 2) ST ER SSLY DR	PRESENT EXTRA		+ \$ 180 =  FOTAL ADDIT. FEE  RATE  X \$ 25 =	TIONAL	OR OR	+ \$ 360 = TOTAL ADDIT. FEE  RATE  X \$ 50 =	TIONAL

<sup>&</sup>quot; If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Pald For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.